


Usual and Customary Billing Summary



commerce.wi.gov

Effective date of schedule:

Start date - End Date

Commerce Number: _____

WDNR BRRTS Number: _____

Claimant

Remedial Action Site

Name: _____

Name: _____

Street Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Consultant

Name: _____

Invoice Date: _____

Address: _____

Invoice Number: _____

City, State, Zip: _____

Project Number: _____

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

TASK REFERENCE CODE	REIMBURSABLE TASKS	UNIT	MAXIMUM REIMBURSEABLE UNIT COST	UNITS INVOICED FOR BILLING PERIOD	TOTAL DOLLARS INVOICED TO DATE	AMOUNT CLAIMED
1	GROUNDWATER SAMPLING					
	SAMPLE COLLECTION	WELL	\$65.30			\$ -
	MOB/DEMOB	EVENT	\$223.00			\$ -
2	OPERATION & MAINTENANCE REPORTING					
	ANNUAL GW MONITORING (DNR Form 4400-194)	REPORT	\$685.00	Complete and attach Report Prep Breakdown form	\$ -	\$ -
	ANNUAL GW MONITORING (DNR Form 4400-194) with FP Removal per SIR guidance document (RR-628)	REPORT	\$870.00	Complete and attach Report Prep Breakdown form	\$ -	\$ -
3	FREE PRODUCT ABATEMENT					
	REMOVAL ACTIVITY	WELL	\$31.50			\$ -
	MOB/DEMOB	EVENT	\$202.00			\$ -
	MOB/DEMOB (Incremental to GW Sampling)	EVENT	\$56.30			\$ -
4	WASTE DISPOSAL					
	GW SAMPLE/PURGE	DRUM	\$65.10			\$ -
	SOIL CUTTINGS	DRUM	\$121.00			\$ -
	FREE PRODUCT	DRUM	\$130.00			\$ -
	MOB/DEMOB	EVENT	\$225.00			\$ -
5	CLOSURE REQUEST	SUBMITTAL	\$1,749.00	Complete and attach Report Prep Breakdown form	\$ -	\$ -
	CLOSURE REQUEST WITH FREE PRODUCT REPORTING	SUBMITTAL	\$983.00	Complete and attach Report Prep Breakdown form	\$ -	\$ -
	GIS PACKET SUBMITTAL (SOURCE PROPERTY ONLY)	PACKET	\$427.00			\$ -
	GIS PACKET SUBMITTAL (INCLUDES OFF-SITE PROPERTIES)	PER ADDITIONAL PROPERTY	\$184.00			\$ -

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6	LETTER REPORT/ADDENDUM	LETTER	\$882.00	Complete and attach Report Prep Breakdown form	\$ -	\$ -
7	REGULATORY CORRESPONDENCE	LETTER/STAT US UPDATE	\$110.00	Complete and attach Report Prep Breakdown form	\$ -	\$ -
8	WELL ABANDONMENT					
	water column ≤ 30 ft 2 inch well casing	FT	\$2.40			\$ -
	water column > 30 ft 2 inch well casing, requires pumping (nr 141.25(2)(d))	FT	\$4.30			\$ -
	water column ≤ 30 ft 4 inch well casing	FT	\$3.30			\$ -
	water column > 30 ft 4 inch well casing, requires pumping (nr 141.25(2)(d))	FT	\$5.10			\$ -
	water column ≤ 30 ft 6 inch well casing	FT	\$3.80			\$ -
	water column > 30 ft 6 inch well casing, requires pumping (nr 141.25(2)(d))	FT	\$6.20			\$ -
	MOB/DEMOB	EVENT	\$262.00			\$ -
9	INVESTIGATION WORK PLAN PREPARATION	REPORT	\$1,048.00	Complete and attach Report Prep Breakdown form	\$ -	\$ -
10	INITIAL SITE SURVEY - FEATURES/SOIL BORING/SAMPLE LOCATIONS/WELL ELEVATIONS	SURVEY	\$834.00			\$ -
	SUBSEQUENT SURVEYS	WELL	\$79.00			\$ -
11	POTABLE WELL FIELD RECONNAISSANCE	EVENT	\$458.00			\$ -
12	DIRECT PUSH SOIL BORING	FT	\$13.50			\$ -
	WATER SAMPLE COLLECTION (INCREMENTAL TO SOIL BORING)	BORING	\$16.30			\$ -
	DIRECT PUSH (GROUNDWATER PROFILING)	FT	\$7.80			\$ -
	TEMPORARY WELL (incremental)	FT	\$5.10			\$ -
	MOB/DEMOB	EVENT	\$248.00			\$ -
13	SOIL BORINGS (HOLLOW STEM)	FT	\$19.00			\$ -
14	MONITORING WELL INSTALLATION	FT	\$43.10			\$ -
15	MONITORING WELL INSTALLATION WITH BEDROCK DRILLING	FT	\$58.50			\$ -
	MOB/DEMOB	EVENT	\$697.00			\$ -
16	HAND AUGER INSTALLATION AND SAMPLING	BORING	\$31.50			\$ -
	MOB/DEMOB	EVENT	\$258.00			\$ -
17	SURFACE SOIL/SEDIMENT/WATER SAMPLING	SAMPLE POINT	\$15.80			\$ -
	MOB/DEMOB	EVENT	\$169.00			\$ -
18	VAPOR SAMPLING	SITE	\$82.50			\$ -
19	HYDRAULIC CONDUCTIVITY TESTING	WELL	\$45.00			\$ -
	MOB/DEMOB	EVENT	\$224.00			\$ -
20	SOIL BORING/MONITORING WELL PERMITS	EVENT	\$204.00			\$ -
21	ACCESS AGREEMENTS	PROPERTY	\$337.00			\$ -

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22	SOIL INVESTIGATION REPORT	REPORT	\$2,817.00	Complete and attach Report Prep Breakdown form		\$ -
23	SOILS AND WATER INVESTIGATION REPORT	REPORT	\$4,192.00	Complete and attach Report Prep Breakdown form		\$ -
24	LIMITED SOIL EXCAVATION (MAX 110 TONS) MOB/DEMOB	TON EVENT	\$44.40 \$207.00			\$ - \$ -
25	PERMANENT SYSTEM SHUT DOWN TEMPORARY SYSTEM SHUT DOWN MOB/DEMOB	EVENT EVENT EVENT	\$905.00 \$245.00 \$174.00			\$ - \$ - \$ -
26	SITE SPECIFIC RCL CALCULATIONS FOR DIRECT CONTACT RISK	SUBMITTAL	\$330.00			\$ -
27	CLAIM SUBMITAL	CLAIM	\$500.00			\$ -
28	U&C BILLING SUMMARY	INVOICE	\$32.50			\$ -
29	CLASSIFICATION FORM	UPDATE	\$107.00			\$ -
30	LABORATORY SERVICES	see attached schedule	\$0.00			\$ -
Totals:						\$ -

CONSULTANT

I hereby certify, under penalty of law, that the information provided on and attached to this document is true and complete to the best of my information, knowledge and belief. I understand that providing false information may cause my State of Wisconsin certification to be revoked and may subject me to criminal proceedings and penalties. I authorize the State of Wisconsin and any agent acting on its behalf to conduct an inquiry into any information provided in this document or attachments to it, and I agree to cooperate with such inquiry to the best of my ability. I am the appropriate person to execute this document on behalf of this company. I understand that any conviction, plea bargain, or plea of nolo contendere to any crime involving a violation of Wisconsin or federal environmental laws and regulations, including any violation of regulations governing the Wisconsin Petroleum Environmental Cleanup Fund, shall disqualify a person or a company from performing any remedial activities for which Fund reimbursement is sought.

PECFA Project Manager Name (Print)

Registration #

PECFA Project Manager Signature

Date

Consulting Firm Name

Consulting Firm Registration #

Consulting Firm Address and Phone Number

CLAIMANT

I hereby certify, under penalty of law, that I have personally examined and am familiar with the information submitted with this and all attached documents; and that based on my inquiry of those individuals responsible for obtaining this information, and any other information I may be aware of, I believe that the submitted information is true, accurate, and complete. I further agree to promptly repay the Fund for any overpayment received.

Signature of Claimant

Date

REPORT PREPARATION BREAKDOWN FORM

Reimbursement requests for each report preparation cost that is included on the summary, must include the following breakdown. The number of hours and the hourly rate encountered for each Job Title listed below must be included (this includes zero hours). The total cost must match with what is being listed on the total column, and will be reimbursed up to the maximum reimbursement rate only. The costs and hours listed below may be used as one aspect of the process required to monitor and/or update the usual and customary maximum reimbursement schedule. A separate form must be completed for each report for which reimbursement is being requested.

Task Reference Code: _____
(See Billing Summary Sheet)

Reimbursable Task Label: _____
(See Billing Summary Sheet)

Job Title	Hours		Hourly Rate	Total Cost Per Job Title	
Clerical			\$ -	\$	-
Word Processor			\$ -	\$	-
Drafting			\$ -	\$	-
Field Technician			\$ -	\$	-
PECFA Program Manager			\$ -	\$	-
Environmental Scientist			\$ -	\$	-
Field Professional			\$ -	\$	-
Staff Professional			\$ -	\$	-
Project Manager			\$ -	\$	-
Senior Professional			\$ -	\$	-
Principal			\$ -	\$	-
	Total Hrs	0.00		Total Cost Per Report	\$ -